

Board Representative:

South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Curriculum Change* for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to <u>ARSD 20:48:04.01:14</u>. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201: Sioux Falls, South Dakota 57106-3115

Board of Nursing; 4305 S. Louise Ave., Sur	te 201; Slou	x Falls, South D	akota 5/106-3115	
Name of Institution: Avera Education & Staff				
Name of Primary Instructor: Gwen C. Maag,	RN-BC, BSN			
Address: 1000 West 4th St., Suite 9, Yankton	, SD 57078			
Phone Number: (605) 668-8475		P- A1	(605) 668-8483	
E-mail Address of Faculty: gmaag@avera.org		Fax Number: (605) 668-8483		
E-mail Address or Faculty: griding & dvordiorg				
Request to use the following approved of selected curriculum. Each program is				
2011 SD Community Mental Health Fa	cilities (only ap	proved for agencie	s certified through the De	epartment of Social Services)
☐ Gauwitz Textbook – <u>Administering Me</u>	dications: Pha	rmacology for He	alth Careers, Gauwitz	(2009)
Mosby's Texbook for Medication Assist	ants, Sorrent	ino & Remmert (2	2009)	
☐ Nebraska Health Care Association (20:	10) (NHCA)			
☐ We Care Online				
 List faculty and licensure information: clinical RN experience. 	For new RN fa	aculty, attach resu	RN LICENSE	
RN FACULTY/INSTRUCTOR NAME(S)	State	Number	Expiration Date	Verification (Completed by SDBON)
Gwen C. Maag, RN-BC, BSN	SD	R032347	05/29/2014	0524-14-15
Twila Burwitz	SD	R009322	11/23/2012	11-23-12-15
				generalistikasi karangan menjadi sebagai
RN Faculty Signature:	CH	a 9PB	NRN Be 06/1	13/2012
This section to be completed by the South	Dakota Boa	rd of Nursing		***************************************
Date Application Received: 00/14/2	Date Notice Sent to Institution:			
Date Application Approved: 06/19/2	Date Application Denied:			
Expiration Date of Approval:		Reason:		